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| Empower Youth 2018–22 |
| Grant application form |

### The guidelines for the Empower Youth 2018-22 initiative are located on the [Youth Central website](https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/empower-youth) <www.youthcentral.vic.gov.au>.

Please note: All fields on this form are mandatory unless otherwise indicated.

# Section 1: Applicant organisation details

The applicant organisation must be an incorporated organisation to manage the grant funds.

## Organisation details

|  |  |
| --- | --- |
| **Legal name of organisation:** |  |
| **Main street address:** |  |
| **Town/suburb:** |  |
| **State:** |  |
| **Postcode:** |  |
| **(Not mandatory) Postal address (if different from above):** |  |
| **(Not mandatory) Town/suburb** |  |
| **(Not mandatory) State:** |  |
| **(Not mandatory) Postcode:** |  |

## Authorised person

This is the person who is authorised by the organisation to make the application on their behalf.

|  |  |
| --- | --- |
| **Title:** |  |
| **First name:** |  |
| **Last name:** |  |
| **(Not mandatory) Position:** |  |
| **(Not mandatory) Telephone:** |  |
| **(Not mandatory) Mobile:** |  |
| **(Not mandatory) Fax:** |  |
| **(Not mandatory) Email:** |  |
| **Type of organisation:** | <e.g. community organisation, local council > |
| **Australian Business Number (ABN):** |  |

## Project manager

This is the organisation representative who will be managing the project and is first point of contact for the Department of Health and Human Services.

|  |  |
| --- | --- |
| **Title:** |  |
| **First name:** |  |
| **Last name:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **(Not mandatory) Mobile:** |  |
| **(Not mandatory) Fax:** |  |

# Section 2: Response to the assessment criteria

Please indicate how your project will addresses the following assessment criteria.

In your response please address the specific questions listed in each of the three sections – **A. Project overview**, **B. Project delivery** and **C. Project outcomes**.

Please limit your response for each question to up to 300 words.

## A. Project overview

|  |  |
| --- | --- |
| **Project name:**Note: We will use this name on all correspondence. Please use 10 words or less. |  |
| **Project description:**Note: We will use this in reports and other publications. Please describe the project in 100 words or less. |  |
| **Project location:** |  |
| **Describe how the project addresses an identified need not currently being met by other organisations in the community, backed up by data and evidence:** |  |
| **Describe the specific, measurable, timely and achievable aims and objectives of the project:** |  |

## B. Project delivery

|  |  |
| --- | --- |
| **Demonstrate how the project aims and objectives will be achieved in a holistic way across ALL FOUR key elements of the Empower Youth program, including:****health and wellbeing****community participation****education and training****career pathways.** | **Health and wellbeing:**<Demonstrate how the project aims and objectives will be achieved>**Community participation:**<Demonstrate how the project aims and objectives will be achieved>**Education and training:**<Demonstrate how the project aims and objectives will be achieved>**Career pathways:**<Demonstrate how the project aims and objectives will be achieved> |
| **Demonstrate how the project engages young people in the development, implementation and design of the program in line with the Youth Engagement Charter in the Victorian Government’s** [***Youth policy: Building Stronger Youth Engagement in Victoria***](https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/victorian-government-youth-policy) **<https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/victorian-government-youth-policy>** |  |
| **Describe how the project demonstrates an innovative, intensive and holistic approach to delivery of the program:** |  |
| **Describe how the project establishes partnerships and the coordination of services to support and empower young people in the program, listing the organisations you will partner with:** |  |

## C. Project outcomes

|  |  |
| --- | --- |
| **Describe how the project supports at least 50 young people per year and demonstrate how they have supported each young person to achieve the goals and actions in their aspirational plan, noting that higher levels of participation by young people is expected from larger scale programs and a minimum of 100 young people are to be supported at the maximum level of funding available:** |  |
| **Number of young people supported per year**  |  |
| **Number of youth workers engaged per year** |  |

# Section 3: Project budget

Please provide approximate details of the income and expenditure for your **project (over four years and excluding GST)**.

Note that the total income must equal total expenditure.

| Income funding source name | Income amount | Expenditure item name | Expenditure amount |
| --- | --- | --- | --- |
| **Empower Youth 2018-22 grant:** | $ | <item name here> | $ |
| **Other:** <Funding source name here> | $ | <item name here> | $ |
| **Other:** <Funding source name here> | $ | <item name here> | $ |
| **Other:** <Funding source name here> | $ | <item name here> | $ |
| **Other:** <Funding source name here> | $ | <item name here> | $ |
| **Other:** <Funding source name here> | $ | <item name here> | $ |
| **Other:** <Funding source name here> | $ | <item name here> | $ |
| **Other:** <Funding source name here> | $ | <item name here> | $ |
| **Other:** <Funding source name here> | $ | <item name here> | $ |
| **Total income:** | **$** | **Total expenditure:** | **$** |

# Section 4: Declaration from applicant organisation

I state that the information in this application and attachments is to the best of my knowledge true and correct.

I will notify the Department of Health and Human Services (the department) of any changes to this information and any circumstances that may affect this application.

I acknowledge that the department may refer this application to external experts or other government departments for assessment, reporting, advice or for discussions regarding alternative grant funding opportunities.

I understand that the department is subject to the *Freedom of Information Act 1982* and that if a freedom of information request is made, the department will consult with the applicant before any decision is made to release the application or supporting documentation.

I understand that this is an application only and may not necessarily result in funding approval.

**(To be signed by a person with delegated authority to apply)**

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |
| **Print name:** |  |
| **Position:** |  |

# Submitting your application

Applications, including any attachments, must be submitted by close of business **Monday 9 July, 2018**. Page 4 of the application must be signed, scanned and submitted with the application. **Late or incomplete applications will not be considered.** Receipt of applications will be acknowledged in writing via email.

**Applications must be submitted via** **email to Office for Youth** **<empower@dhhs.vic.gov.au>.**

To receive this publication in an accessible format phone 03 9096 7390, using the National Relay Service 13 36 77 if required.

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